

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

APPLICATION TO USE FACILITIES

This form must be received in the OPEFM Office of Realty at least twenty (20) working days prior to the proposed use. For more information, call the OPEFM Office of Realty on (202) 442-5199. The Principal's approval is needed prior to submitting this application to the OPEFM Office of Realty.

DATE OF APPLICATION: _____ FACILITY REQUESTED: _____

NAME OF USER/ORGANIZATION: _____

AUTHORIZED CONTACT: _____

ADDRESS: _____ TELEPHONE: _____

_____ FAX: _____

DESCRIPTION OF PROPOSED USE: (Attach a brochure, flyer, etc. describing your activity.)

Check if applicable to proposed use.: More than 100 persons expected to attend: _____ Handling of money: _____

Specific Area Requested: Auditorium _____ Gymnasium _____ Stadium _____ Armory _____

Cafeteria _____ Kitchen _____ No. of Classrooms _____ Other _____

Period of Requested Use:

Hours

From...To

Days

Mon-Sun

Dates

Month/Day/Year

Type of User:

Public School Related:

____ PTA or HSA
____ DCPS Program or Activity
____ Other _____

Non-Public School Related:

____ Religious Organization
____ Non-Profit Group
____ Other _____

How is the program funded? DCPS _____ Grant _____ Other _____

Is the Staff paid? _____ or volunteer? _____ Is there a charge to the participants? Yes _____ No _____

I hereby agree to be bound by the terms of the Application to Use Facilities and to abide by the pertinent rules of the Board of Education, Section 3500 thru 3508 and Directives. Furthermore, I agree to make final arrangements and publicize this activity ONLY after written approval has been received.

User Signature: _____

Date: _____

NOTE: All Users must immediately vacate the premises, as a result of a court order, construction, or inclement weather. This agreement may be cancelled with a thirty (30) day notice for the convenience of the School System.

USER NAME: _____

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INSURANCE INFORMATION:

The following information must be accurate. (False information will be cause for immediate termination of the agreement.)

Name of Insurance Company: _____

Policy Number: _____ Coverage: _____

Name and Telephone no. of Insurance Agent: _____

All Users must sign an Assumption of Risk and Indemnification Form, after approval of this application from the OPEFM Office of Realty. In addition to the Indemnification form, a copy of the User's Insurance Certificate must be submitted to the Office of Realty at least forty-eight (48) hours prior to entering the building.

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For Office of Realty Use Only

Calculated by:

REQUESTED USE	Fee	No. Rooms	Daily/Monthly	Days/Months	Total Cost
Auditorium	_____	_____	_____	_____	_____
Gymnasium	_____	_____	_____	_____	_____
Classroom(s)	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

PERSONNEL	Name/Grade	Hourly Rate	Hours	Daily Cost	No. of Days	Total Cost
Custodian-1	_____	_____	_____	_____	_____	_____
Custodian-2	_____	_____	_____	_____	_____	_____
Custodian-3	_____	_____	_____	_____	_____	_____
Engineer	_____	_____	_____	_____	_____	_____
Repairman	_____	_____	_____	_____	_____	_____
Security	_____	_____	_____	_____	_____	_____
Food Service	_____	_____	_____	_____	_____	_____

CONTINUOUS USERS

Pro-Rated Rental Fee	Cost/Sq. Ft. Per Day	No. Sq. Ft.	No. Days	Total Cost
Schedule A	\$.024			
Schedule B	.007			

DCPS Signatures	RECOMMEND	APPROVE	DISAPPROVE	DATE
PRINCIPAL/FACILITY ADMINISTRATOR				
DIRECTOR OF REALTY				
CHANCELLOR/DEPUTY/ASSISTANT				